

D. Prevention Case Management

Date: _____

– Process Evaluation – Jurisdiction Aggregate Form

Complete a separate form for each primary population served by this type of intervention						
[1] Jurisdiction ID: _____ [2] Number of prevention case management (PCM) interventions this form describes: _____	Risk Population Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. <i>[See instructions for distinguishing between primary and secondary risk populations.]</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">[3] Primary Population</th> <th style="text-align: left; padding: 5px;">[4] Secondary Population</th> </tr> <tr> <td style="padding: 5px;"> <ul style="list-style-type: none"> MSM MSM/IDU IDU Heterosexual Mother with/at risk for HIV General Public </td> <td style="padding: 5px;"> <ul style="list-style-type: none"> MSM MSM/IDU IDU Heterosexual Mother with/at risk for HIV General Public </td> </tr> </table>	[3] Primary Population	[4] Secondary Population	<ul style="list-style-type: none"> MSM MSM/IDU IDU Heterosexual Mother with/at risk for HIV General Public 	<ul style="list-style-type: none"> MSM MSM/IDU IDU Heterosexual Mother with/at risk for HIV General Public
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[5] Statewide definitions or guidelines for PCM interventions:	Please attach additional sheet
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[6] Number of PCM interventions for this risk population provided by the following types of agencies (total should equal number in [2] above):				
CBO - Minority Board _____	State Health Department _____	Academic Institution _____	Other Agency _____	
CBO - Non-Minority Board _____	Local Health Department _____	Research Center _____	<i>(please specify)</i> _____	
Faith Community _____	Other Government _____	Individual _____	_____	
Total			_____	

[7] Clients Served With CDC Funds § (M=male; F=female; T=transgender; U=unknown)	# 19 years old				20 – 29 years old				30 + years old				Age data not available				TOTAL
	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	
<i>American Indian/Alaska Native</i>																	
<i>Asian/Pacific Islander</i>																	
<i>White</i>																	
<i>Black</i>																	
<i>Other</i>																	
TOTAL																	
<i>Hispanic</i>																	
<i>Non-Hispanic</i>																	
TOTAL																	

§ The minimum data required for this report are the totals contained in the double-lined boxes at the far right end of the table above. Completing the other cells is optional but encouraged.

**Prevention Case Management—Process Evaluation
Jurisdiction Aggregate P. 2**

- [10] In the table below, enter the number of people in the jurisdiction who received
- C only 1 PCM session,
 - C only 2 PCM sessions, and
 - C 3 or more PCM sessions

Type of Clients Receiving PCM	Only 1	Only 2	3+
<i>HIV-infected clients</i>			
<i>High-risk HIV-negative clients</i>			
<i>Unknown serostatus</i>			
Total			

[17] Average number of PCM sessions per client: _____

[8] Staffing and Expenditures

Number of full-time equivalent staff providing PCM in the jurisdiction whose salaries are funded by CDC: _____

Number of volunteers providing PCM in the jurisdiction: _____

CDC Announcement 99004 HIV Prevention funds that were expended in carrying out all aspects of PCM: \$_____